

**CITY OF WICHITA
DEPARTMENT OF PARK AND RECREATION
APPLICATION FOR USE OF PORTABLE STAGE**

Date of Application: _____ , _____

Applicant's Name: _____

Organization: _____

Address: _____
City State Zip

Telephone #, Fax # and E-mail Address: _____

Is event sponsor a nonprofit organization? _____
(If yes, please attach a copy of your organization's 501© (3) status from the Internal Revenue)

Proposed Stage Use: _____

Date and Day of Event: _____

Location of Event: _____

Time of Event (include performance time and set up time) _____

Estimated Attendance: _____ Will admission be charged: Yes _____ No _____

Other Information or Requests: _____

Completion of this application does not guarantee that stage will be available.

Please return to: Department of Park and Recreation, Attn: Maryann Crockett, 455 N. Main,
11th Floor, City Hall, Wichita, KS 67202 **OR** FAX to 268-4447